

Department of Labor and Industries
Elevator Section
PO Box 44480
Olympia WA 98504-4480
Phone: (360) 902-6130
FAX (360) 902-6132
www.Lni.wa.gov/TradesLicensing/Elevators



OWNER REQUESTED RED TAG FORM

Date _____

Owner Information

Owner Name		
Owner Address		
City	State	Zip
Phone Number	Fax Number	

Building Information

Building Name	Conveyance Number	
Building Address		
City	State	Zip

I request this unit to be placed/remain out of service (red tagged). I agree to return the annual affidavit and accompanying fee of \$25.00 for this service.

The following conditions need to be met before this unit can be placed back in service.

- Correct all outstanding deficiencies
- Unit must be reinspected. A separate invoice will be sent for this reinspection.

L&I Internal Use Only

CC to Elevator Inspector _____

Faxed by _____

Date _____